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# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

## Department of Youth Services

27 Wormwood Street, Suite 400

Boston, MA 02210-1613

617.727.7575

FAX#: 617.951.2409

## JUVENILE OFFENDER NOTIFICATION AND INFORMATION

### (1) Who is eligible to receive notice of a juvenile offender's release?

The Victim Rights Law M.G.L. 258B, s. 3(t) mandates that victims, family members of homicide victims and parents/guardians of minor age victims, shall, upon request, be informed in advance by the Department of Youth Services when the juvenile offender receives a temporary, provisional or final release from custody or is transferred from a secure facility to a less secure facility. Notification will also be provided in the event of an escape.

### (2) Why is certification needed to receive notice?

Certain information about juvenile offenders is confidential and protected under the law. Recent amendments to the law allow the Department of Youth Services to directly notify the certified individual of changes in the juvenile offender's DYS placement.

### (3) How is certification obtained?

Certification occurs after the juvenile has been adjudicated delinquent by the court and has been committed to the Department of Youth Services. Applications are completed by the individual requesting notification with the assistance of a Victim Witness Advocate from the District Attorney's Office or a Victim Advocate with the DYS Victim Services Unit. Applications are submitted to the Victim Services Unit, which is responsible for approving all certifications. To ensure timely notification, applications should be completed upon disposition of the case.

### (4) Will the juvenile offender be informed of the certification?

No. All certifications and information pertaining to certifications are kept confidential.

### (5) What happens after certification?

The Victim Services Unit at the Department of Youth Services sends a certification letter to applicants verifying their certification status. Once certified, the Victim Services Unit will provide advance notice when the juvenile offender is transferred from a secure facility to a less secure facility, becomes pass eligible, is released to the community or receives a final discharge from DYS custody. Notification will also be provided in the event of an escape.

### (6) Who answers questions about a juvenile offender who is committed to the Department of Youth Services?

Any and all questions regarding the placement and status of a juvenile offender should be directed to the Victim Services Unit.

### (7) What if the certified person's contact information changes?

To ensure proper and timely notification, it is important that all certified individuals inform the Victim Services Unit of any changes in their name, address or telephone numbers. **NOTICE CANNOT BE GIVEN WITHOUT THE PROPER CONTACT INFORMATION.** All contact information will be kept confidential.

If you have any questions regarding the certification and notification process, please call the DYS Victim Services Unit at 617.960.3290 and ask to speak to a Victim Advocate.

**DEPARTMENT OF YOUTH SERVICES  
VICTIM SERVICES UNIT**

27 Wormwood Street  
Suite 400  
Boston, Massachusetts 02210  
Telephone Number: 617.960.3290  
Facsimile Number: \*617.727.5792  
*\*for application forms only*

**JUVENILE OFFENDER NOTIFICATION AND INFORMATION**

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**JUVENILE OFFENDER INFORMATION \*\*\*\* to be completed by agency representative\*\*\*\***

<b>Name of Juvenile</b>		
DOB:	Gender:	Alias(es):
Charges:		
Sentence:		
Date of Sentence/Commitment:		

**APPLICANT INFORMATION \*\*\*\* Applicant must be over 17 years of age \*\*\*\***

Applicant (Mr./Mrs.):			
DOB:	SSN:		
Address:	City:	State:	Zip:
Home Phone: ( )	Business/Other Phone: ( )		
Special Needs (i.e., non-English speaking):			
<i>(Optional information for statistical purposes only)</i> Race:                      Gender:			

**YOU ARE APPLYING AS A:**

Family Member of Homicide Victim                                                  Victim   
Parent/Guardian of Minor Age Victim       

**IF APPLICANT IS NOT THE VICTIM**

Victim's Name:	DOB:
Applicant's Relationship to Victim:	

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADVOCATE INFORMATION**

Name:	Office:	Court:
Address:	Phone: ( )	Fax: ( )